

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90877 011 \*\*\*\*61.25

**DOCUMENT # 739851**  
 1. Entity Name  
**ALHAMBRA CLUB MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**190 W WESTMONTE DRIVE**      **190 W WESTMONTE DRIVE**  
**#100**      **#100**  
**ALTAMONTE SPRINGS FL 32714**      **ALTAMONTE SPRINGS FL 32714**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**58-1847015**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CAMPBELL, MARILYN**  
**190 N WESTMONTE DRIVE**  
**ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JOHNSON, PAMELA</b> <input checked="" type="checkbox"/> Delete <b>2225 W. HOLDEN AVE. 208A</b> <b>ORLANDO FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, MARY COMBS</b> <input type="checkbox"/> Delete <b>2225 W HOLDEN AVENUE, #105A</b> <b>ORLANDO FL 32839-5012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRELL, JAMES</b> <input checked="" type="checkbox"/> Delete <b>2225 W HOLDEN AVENUE, #106A</b> <b>ORLANDO FL 32839-5012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFIN, LEE</b> <input checked="" type="checkbox"/> Delete <b>4575 S TEXAS AVENUE, #205B</b> <b>ORLANDO FL 32839-5012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CALUB, JOANNE</b> <input checked="" type="checkbox"/> Delete <b>4575 S TEXAS AVENUE #305B</b> <b>ORLANDO FL 32839-5012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U</b> Sanders, <del>Joseph</del> Joseph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2225 W. Holden Ave. #308A</b> <b>Orlando, FL <del>32839</del> 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> Clark, Mary <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2225 W. Holden Ave #105A</b> <b>Orlando, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Dubois, Shirley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2225 W. Holden Ave #202A</b> <b>Orlando, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> Romero, Dalia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2225 W. Holden Ave #307A</b> <b>Orlando, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Hoskinson, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4575 S. Texas Ave #107B</b> <b>Orlando, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY CLARK** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-09-02**      **407 851 378**  
 Date      Daytime Phone #

CR2E037 (9/01)